

Original Medical Record

Today's date: ____/____/____



Pet:		Client ID:	(Office Use)
Species:	FELINE	Owner:	
Breed:		Address:	
Color:		City/State:	
Age:		Zip:	
Sex:		Phone 1:	
Weight:		Phone 2:	
Allergies:		Email:	

Has this animal ever had any reaction to vaccinations, drugs, or medications? Yes ____ No ____

If yes, please explain _____

Has this animal bitten or scratched anyone in the past 10 days? Yes ____ No ____

I, being of legal age and responsible for the animal described above, have the authority to grant the Chesapeake Humane Society C.A.R.E. Clinic and its staff members, volunteers, or agents my consent to vaccinate the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the Chesapeake Humane Society C.A.R.E. Clinic, its staff, volunteers, and agents will not be held liable or responsible in any manner and that I assume all risks.

Signature

Date

Please select all desired services for your CAT.

- Rabies 1yr, \$15
- Rabies 3yr (requires previous certificate), \$15
- FVRCP, \$20
- FeLV/FIV Combo Test, \$27 _____
- De-worming: S P
- Microchip: _____, \$30

Indicate which of these items you would like to purchase today.

- Flea preventative: __ Single dose __ 6 months __ 1 year
- I decline flea preventative for my pet.
- City License: __ Altered pet, \$4 __ Unaltered pet, \$10

Clinic Use

General Appearance <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Integumentary <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Musculoskeletal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Respiratory <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Digestive <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Genitourinary <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Ears <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Neural Systems <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Lymph Nodes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Eyes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Circulatory <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Mucous Membranes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Notes: _____

Charting Complete
Initials _____
Date ____ Time ____

Weight: _____

Disclosure Form

Client's name: _____



Virginia law requires that all clients read and acknowledge the following:

I have been advised and understand that "continuous care/hospitalization" as defined by the State Legislature (i.e., 24-hour presence of a veterinarian) is not available at the Chesapeake Humane Society Care Clinic. "Continuous care" is available after hours at local emergency clinics. Any animal left in this clinic after normal hours will be unattended by veterinary staff.

Normal Business Hours for Veterinary Staff:

Tuesday, Wednesday, Thursday and Friday from 8:00am to 3:00pm

Normal Business Hours for Administrative Staff:

Tuesday, Thursday and Friday from 8:00 am to 4:00 pm

Wednesday from 8:00 am to 6:00 pm

Saturday, Sunday from 12:00 pm to 4:00 pm

Signature

Date